

# AGENT ORANGE REGISTRY CODE SHEET

TT	#5	Facility Number (Use PTF No. only) (2 - 4)			Suffix (5 — 7)				
<p>This information is collected in accordance with the clearance requirements of section 3507 of the Paperwork Reduction Act of 1995. The public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. This collection of information is to collect data for research on exposure to Agent Orange. Response to this survey is voluntary and failure to participate will have no adverse effect on benefits to which you might otherwise be entitled. The information the veteran supplies may be disclosed outside the VA to Federal, State and local government agencies and National Health Organizations to assist in the development of programs for research purposes and other uses as stated in the Notice of Systems of VA Records published in the Federal Register in accordance with the Privacy Act of 1974.</p>									
<p align="center"><b>INSTRUCTIONS: Registry Physicians and Coordinators:</b> <b>Please print. Use only one letter or number per block. If possible use black ballpoint or felt-tip pen.</b></p>									
<p align="center"><b>PART 1 — OBTAIN THIS INFORMATION FROM PATIENT'S CHART ONLY.</b></p>									
2. LAST NAME (8-33)									
3. FIRST NAME (34-48)									
4. MIDDLE NAME (49-58)									
5. TYPE (59)									
6. SOCIAL SECURITY NUMBER (60 — 69) (Begin entering SSN in Block 61. If SSN is pseudo number, enter "P" in Block 60.)									
7. SERVICE SERIAL NO (70 - 79) (Begin at left, leave unused blocks blank. Enter "U" if service number is unknown.)									
8. DATE OF BIRTH (80 — 87) Month      Date      Year									
9. ADDRESS (Street Name and Apartment Number, if applicable) (88-113)									
CITY OR TOWN (114-139)									
COUNTY									
STATE									
ZIP CODE (140-144)									
PLUS 4 (Optional)(145-148)									
COUNTY (149-151)									
STATE (152-153)									
10. Race/Ethnicity (Enter one code in Block 154) 1 = American Indian or Alaskan Native;      2 = Asian or Pacific Islander;      3 = Black, Not Hispanic Origin; 4 = White, Not Hispanic Origin;      5 = Hispanic;      6 = Unknown									
11. Marital Status (Enter one code in Block 155) 1 = Married;      2 = Divorced;      3 = Separated;      4 = Widowed;      5 = Single, Never Married									
12. Sex (Enter one code in Block 156) M = Male      F = Female									
13. Current Status (enter code in Block 157.) 1 = Inpatient;      2 = Outpatient;      3 = Incarcerated; 4 = Active Duty, Inpatient;      5 = Active Duty, Outpatient									
14. Branch of Service (If more than 1, enter latest Branch of Service in Block 158.) 1 = Army;      2 = Air Force;      3 = Navy;      4 = Marines;      5 = Coast Guard;      6 = Other									
15. Does veteran have military service in Vietnam, Korea or other locations where Agent Orange or other herbicides were tested, transported or sprayed for military purposes? (Enter one of the following codes in Block 159): If served in other locations, but <u>neither</u> Vietnam nor Korea, use "Code 4" and describe under Item 33. If served in <u>either</u> Vietnam or Korea, list appropriate dates in Blocks 160-183. 1 = Vietnam 2 = Korea (1968 or 1969) 3 = Both 4 = Neither (Other locations)									
15A. Last Period of Service									
15B. Next to Last Period of Service									
16. Did you serve in any of the following: Enter Y=Yes, N=No, or "U" = Unknown in Blocks 184-189. If "Other," (Block 189) describe in Item 33, "Remarks."									
17. List military units in which veteran served. Specify complete unabbreviated title (Company, Battalion)									

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NAME (Last, First, Middle Initial)	SOCIAL SECURITY NUMBER
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18. ENTER THE DATES OF THE LAST TWO PERIODS OF SERVICE, IF OTHER THAN VIETNAM OR KOREA.

18A. Last Period of Service	FROM				TO				18B. Next to Last Period of Service	FROM				TO			
	Month (190-191)		Year (192-195)		Month (196-197)		Year (198-201)			Month (202-203)		Year (204-207)		Month (208-209)		Year (210-213)	

19. VETERAN'S EXPOSURE TO AGENT ORANGE: (Enter the appropriate number in Blocks (214-219) using the following codes:

1= Definitely Yes;                      2= Not Sure;                      3= Definitely No

19A. I was involved in handling or spraying Agent Orange.	(214)
19B. I was not directly sprayed but was in a recently sprayed area.	(215)
19C. I was exposed to herbicides other than Agent Orange.	(216)
19D. I was directly sprayed with Agent Orange.	(217)
19E. I ate food or drink that could have been sprayed with Agent Orange.	(218)
20. Veteran's assessment of own health. (Enter one of the following codes in Block 219.) 1= Very Good;                      2= Good;                      3= Fair;                      4= Poor;                      5= Very Poor	(219)

## PART II — REGISTRY PHYSICIAN, COORDINATOR AND CODING STAFF SHOULD COMPLETE THIS SECTION.

21. Date of Registry Examination:  (Enter Month, Day and Year in Blocks 220-227)	Mo. (220-221)	Day (222-223)	Year (224-227)

22. Veteran's Complaint(s). VA Coders, enter ICD-9 in Blocks 228-242. (If more than 3 complaints/symptoms, list under Item 22D.) (Left justify all codes — If there are no complaints/symptoms, enter 78000 in Blocks 228-232.)					
22A.	(228)	(229)	(230)	(231)	(232)
22B.	(233)	(234)	(235)	(236)	(237)
22C.	(238)	(239)	(240)	(241)	(242)
22D. Additional Complaints: _____					

## ENTER APPROPRIATE CODES IN BLOCKS IN COLUMN AT RIGHT

23. Does veteran attribute chief complaint to Agent Orange exposure?                      Y = Yes;                      N = No;                      or U =Unknown	(243)
24. Enter total number of veteran's complaints in Blocks 244-245. (Describe any complaint over 3 in Item 22D) (e.g.; If veteran has 2 complaints, enter slash zero in Block 244 and 2 in Block 245. If none, enter slash zeros in Blocks 244 and 245 and go to Item 25.)	(244)      (245)
25. Evidence of Birth Defects among Vietnam veteran's children. Enter numbers in listed blocks.	
25A. How many children does veteran have? (Enter number in Blocks 246-247.) (e.g.; If veteran has 2 children, enter slash zero in Block 246 and 2 in Block 247. If none, enter slash zeros in Blocks 246 and 247 and go to Item 26.)	(246)      (247)

**NOTE: Items 25B through 25K are to be completed by Vietnam veterans only. If veteran served outside Vietnam, skip to item 26.**

25B. How many children were born before veteran's military service in the Republic of Vietnam? (Enter number in Blocks 248-249. (If none, enter slash zeros in Blocks 248 and 249 and go to Item 25G)	(248)	(249)
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NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	
<b>25C.</b>	How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of spina bifida? (Enter number of children in Blocks 250 and 251. If none, enter slash zeros and go to Item 25E.)	(250)	(251)
<b>25D.</b>	Mother's age at conception of first child conceived before the veteran's military service in the Republic of Vietnam showing evidence of spina bifida. (Enter age in Blocks 252 and 253.)	(252)	(253)
<b>25E.</b>	How many of the children born before the veteran's military service in the Republic of Vietnam showed evidence of other birth defects? (Enter number in Blocks 254 and 255. If none, enter slash zeros and go to Item 25G.)	(254)	(255)
<b>25F.</b>	Mother's age at conception of first child conceived before the veteran's military service in the Republic of Vietnam showing evidence of other birth defects. (Enter age in Blocks 256 and 257.)	(256)	(257)
<b>25G.</b>	How many children were born during or after the veteran's military service in the Republic of Vietnam? (Enter number in Blocks 258 and 259. If none, go to Item 26.)	(258)	(259)
<b>25H.</b>	How many of the children born during or after the veteran's military service in the Republic of Vietnam showed evidence of spina bifida? (Enter number in Blocks 260 and 261. If none enter slash zeros and go to Item 25J.)	(260)	(261)
<b>25I.</b>	Mother's age at conception of first child conceived during or after the veteran's military service in the Republic of Vietnam showing evidence of spina bifida. (Enter age in Blocks 262 and 263.)	(262)	(263)
<b>25J.</b>	How many of the children born during or after the veteran's military service in the Republic of Vietnam showed evidence of other birth defects? (Enter number in Blocks 264 and 265. If none, enter slash zeros and go to Item 26.)	(264)	(265)
<b>25K.</b>	Mother's age at conception of first child conceived during or after the veteran's military service in the Republic of Vietnam showing evidence of other birth defects. (Enter age in Blocks 266 and 267.)	(266)	(267)
<b>26. Diagnostic Workup/Consultations. (Use one of the following codes in Blocks 268-275):</b> 1= No workup done. 2= Workup/consultation done. Diagnosis undetermined (veteran with symptoms but diagnosis cannot be determined). 3= Workup/consultation done. Diagnosis established. 4= Workup/consultation done. No diagnosis (veteran without symptoms and no evidence of illness). 5= Workup/consultation in process. Results pending. 6 =Workup/consultation scheduled - veteran was a "no show"			
<b>26A.</b>	Dermatology (Enter code in Block 268.)	(268)	
<b>26B.</b>	Pulmonary (Enter code in Block 269.)	(269)	
<b>26C.</b>	Reproductive Health (Enter code in Block 270.)	(270)	
<b>26D.</b>	Hematology/Oncology. (Enter code in Block 271.)	(271)	
<b>26E.</b>	Urology. (Enter code in Block 272.)	(272)	
<b>26F.</b>	Neurology (Enter code in Block 273.)	(273)	
<b>26G.</b>	ENT (Enter code in Block 274.)	(274)	
<b>26H.</b>	Other (Enter Y= Yes or N= No in Block 275.)	(275)	
<b>26I.</b>	Hepatitis C (With veteran's consent) (In Block 276, enter: P=Positive or N=Negative or X=No testing done.)	(276)	

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27. Specify any additional workups not listed in Item 26 on the following lines															
28. Diagnoses. Examiner will list up to three definite medical diagnoses on lines 28A-C. Coders will enter corresponding ICD9 codes in Blocks 277-291. If there are more than three diagnoses, list these under Item 33 — "Remarks." Do not duplicate complaints/symptoms already listed under Item 22. If neoplasia is listed under Item 29, do not duplicate under Item 28 A-C.															
A						(277)	(278)	(279)	(280)	(281)					
B						(282)	(283)	(284)	(285)	(286)					
C						(287)	(288)	(289)	(290)	(291)					
29. Evidence of neoplasia. Enter Code Y= Yes or N= No in Block 292. If "Yes," describe below and enter ICD9 code in Blocks 293-297. If "No," leave blank. Use Items A through C above if there is evidence of more than one case of neoplasia.						(292)	(293)	(294)	(295)	(296)	(297)				
30. If no disease/diagnosis is found enter a Code "1" in Block 298.											(298)				
31. Enter year of onset for each diagnosis listed in Blocks 277-291 and 293-297. Leave blank if unknown.		<b>First Diagnosis</b>		<b>Second Diagnosis</b>				<b>Third Diagnosis</b>				<b>Fourth Dx (Neoplasia)</b>			
(299)	(300)	(301)	(302)	(303)	(304)	(305)	(306)	(307)	(308)	(309)	(310)	(311)	(312)	(313)	(314)
32. Disposition (Enter one of the following codes in each Block: Y= Yes or N= No.) All Blocks must be completed. If veteran has no diagnosis and you have answered "YES" in Blocks 317 - 319, explain why under remarks (Item 33.)															
A. Exam Completed?		(315)	B. Hospitalized at VAMC for further tests?		(316)	C. Hospitalized at VAMC for treatment?		(317)	D. Referred for VA Outpatient Treatment		(318)				
E. Referred to private physician; non-VA clinic or Non-VA hospital?					(319)	F. Biopsy?		(320)	G. Specimens to be Sent to AFIP?		(321)				
33. Remarks (Please indicate whether you have made any remarks by entering a Y for Yes or N for No in Block 322.)												(322)			
34. PRINT FULL NAME OF EXAMINER/REGISTRY PHYSICIAN								35. FULL TITLE OF EXAMINER							
36. SIGNATURE OF EXAMINER								37. SIGNATURE OF REGISTRY PHYSICIAN							